

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Centreville D. Co* County *D. Co*Date of death *1906 Oct. 18* Month *Oct.* Day *18* Years *21* Months DaysSex *Male* Color or Race *Black* Birth-place *D. Co*Occupation *Sailor* Where Residing if not at place of death *Centreville*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Emory Anderson* Father's Birthplace *D. Co*Mother's Maiden Name *Mary Ellen Hawkins* Mother's Birthplace *D. Co*Name of person giving information *Emory Anderson* How related to deceased *Father*

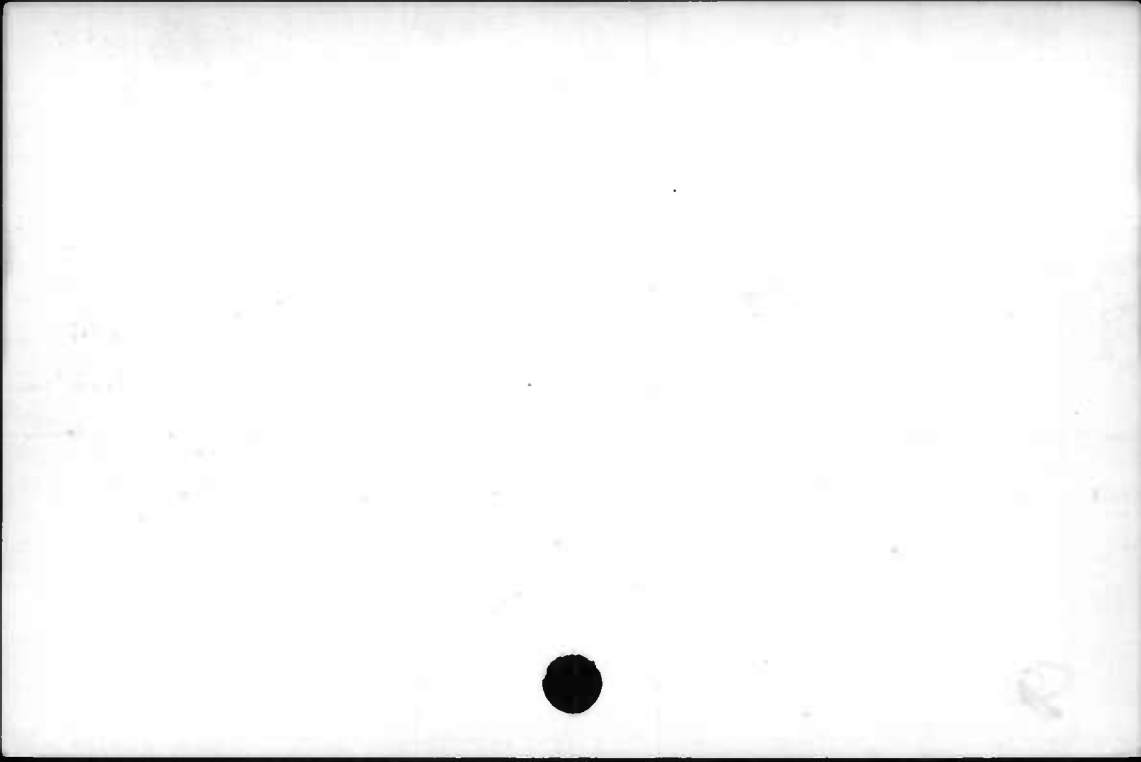
## CAUSES OF DEATH

Primary *Pleurisy* How long *2 months*Immediate *Empyema* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *no*PHYSICIAN  
OR CORONER



Name  
in  
Full

Raymond Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fords Store</i> <sup>Town</sup>		<i>Zenon</i> <sup>County</sup> <i>Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>October</i>	Day <i>29</i>	Age <i>7</i> <sup>Years</sup>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fords Store</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Jacob B. Baker</i>			Father's Birthplace <i>Helamont</i>		
Mother's Maiden Name <i>Ella Galtier</i>			Mother's Birthplace <i>Zenon Anne Co</i>		
Name of person giving information <i>Henry A. Baker</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>One week</i>
Immediate <i>Heart paralysis</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Howard B. Hopkins</i>
	Address <i>Zenonston, Md.</i>
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

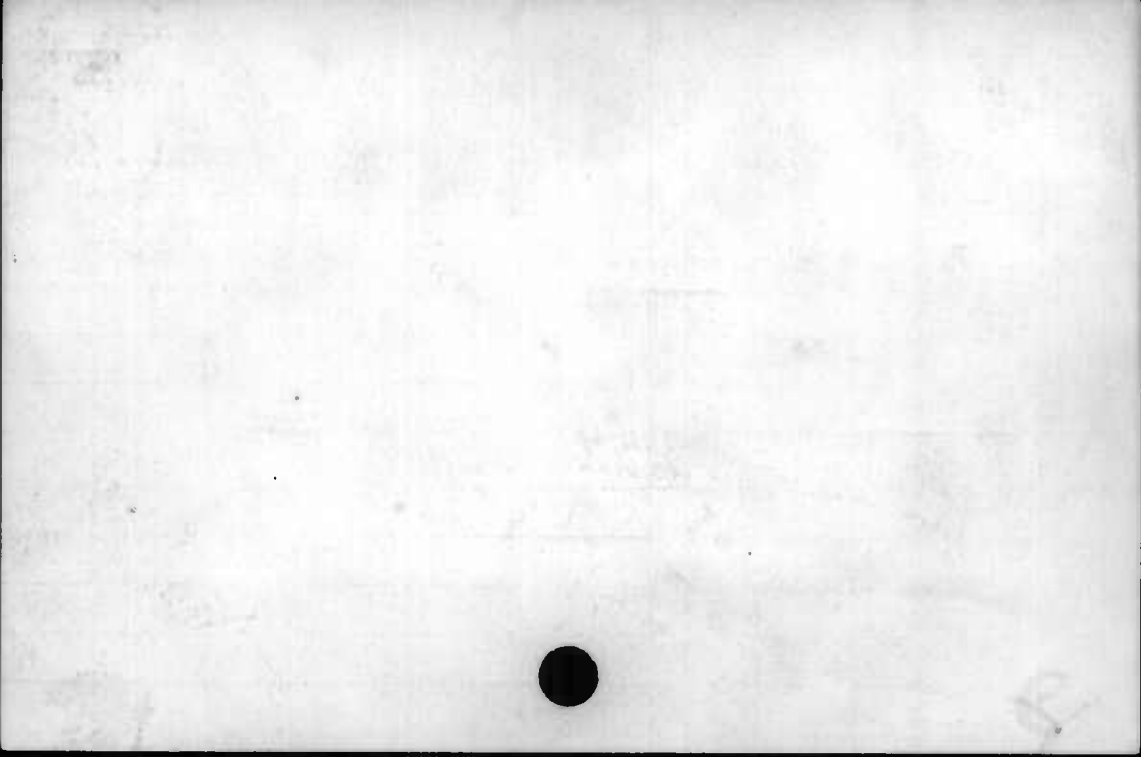
TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full		Lizdy Bordley		County	
Died at		Stevensville		Tuesd Anne Arund Co	
Date of death		13 Oct 1906		13 Saturday	
Sex		woman		Color or Race	
Occupation		Wash woman		Where Residing if not at place of death	
Married, Single or Widowed		married		Name of Wife or Husband	
Father's Name		Don't know		Father's Birthplace	
Mother's Maiden Name		Don't know		Mother's Birthplace	
Name of person giving In formation		Marion Tanner		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long
Immediate	as thecia	How long
Are the name, age, sex, color, date and place correctly given above?		2 or 3 months
Signature of Physician		U.S. Henry
Address		Stevensville
Accident or Suicide?		2 or 3 months



Name  
in  
Full

Eliass Bryson

## CERTIFICATE OF DEATH

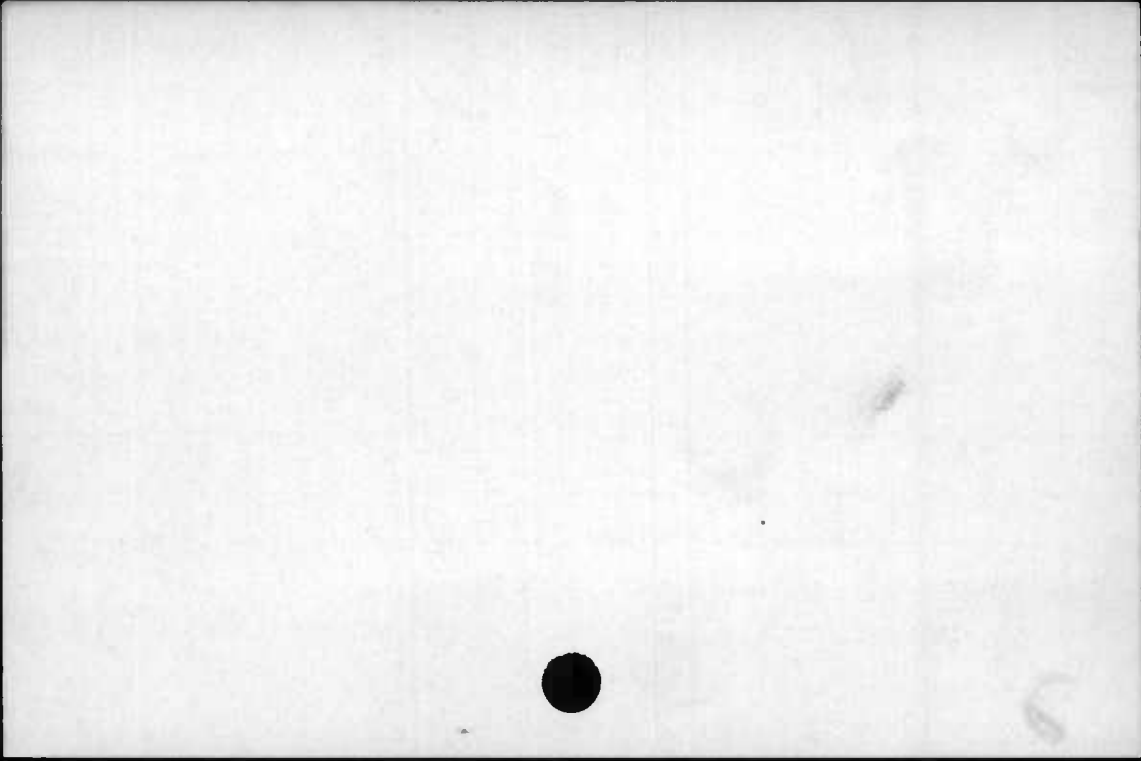
TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at		Brownsville		D. C.	
Date of death		Month	Day	Years	Months
1906		Oct.	5	70	
Sex	Male	Color or Race	Black	Birth-place	I. A. Co
Occupation	None	Where Residing if not at place of death Brownsville			
Married, Single or Widowed	Married	Name of Wife or Husband Arana Bryson			
Father's Name	-			Father's Birthplace	-
Mother's Maiden Name	-			Mother's Birthplace	-
Name of person giving information	Chas. F. Bryson			How related to deceased	Cousin

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	5 or 6 yrs
Immediate	Uremia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. J. Ford
yes		Address	Cumtiedle Queen Anne's
Accident or Suicide?			
no			





Name  
in  
Full

## CERTIFICATE OF DEATH

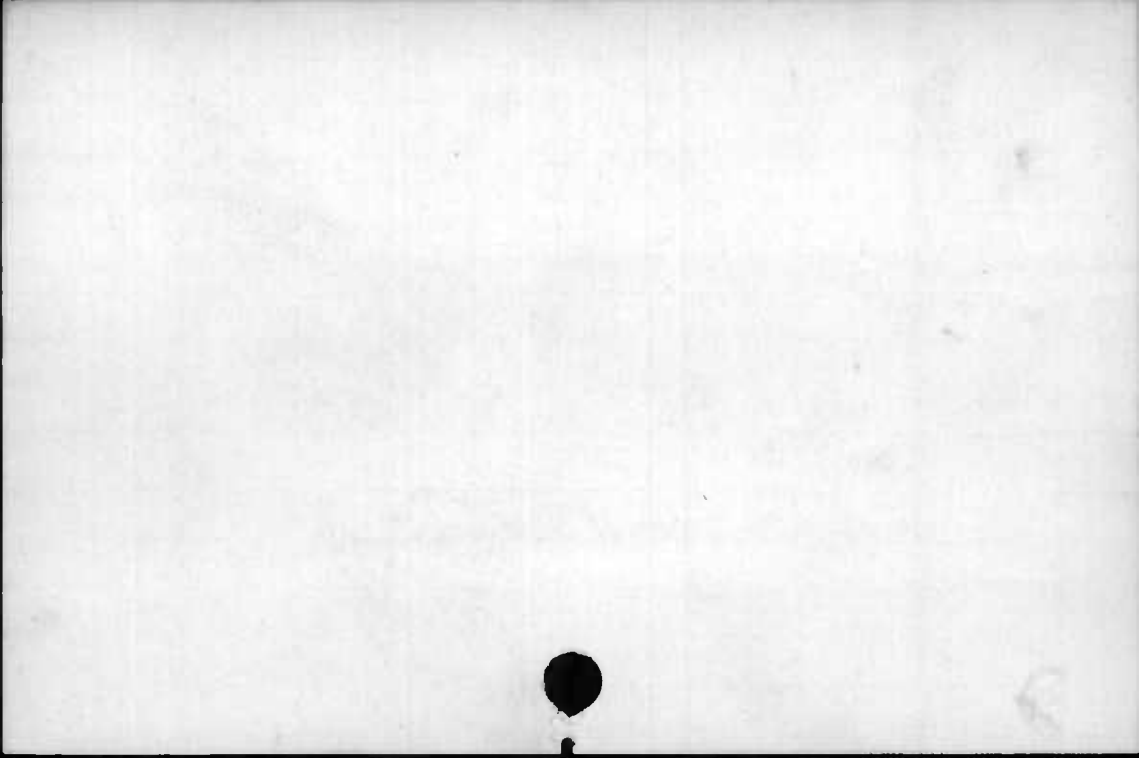
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Oct	27	Age	62		
Sex	Female		Color or Race	White		Birth-place	
Occupation	Retiree			Where Residing if not at place of death			
				near Cambridge			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Lane				Father's Birthplace	Talbot	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	G T Sparks				How related to deceased	Son & Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease	How long	Several years
Immediate	Leucemia	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Howard B. Hopkins		
	Address		
	Lancaster, Md.		
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Barclay</i>		Town <i>Mar Barclay</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Date of death	1906	Month	10	Day	22	Age	71
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Delaware</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>William T. Fields</i>			
Father's Name	<i>Taylor Murdith</i>				Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>—</i>				Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>William T. Fields</i>				How related to deceased	<i>Trustee</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>		How long	<i>2 years</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>R. Smith M.D.</i>
			Address	<i>Durham, N.C.</i>
Accident or Suicide? <i>8</i>				



8

Name in Full		Edith May Forbus				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester		2, 9		MARYLAND	
	Date of death	1906	Month 10	Day 10	Age 4	Months	Days
	Sex	Female		Color or Race	white	Birth-place	L A Colmd
	Occupation				Where Residing if not at place of death		
	Marrried, Single or Widowed			Name of Wife or Husband			
	Father's Name	Fred Forbus				Father's Birthplace	Baltimore
	Mother's Maiden Name	Emma E Bullen				Mother's Birthplace	L A Colmd
Name of person giving information	Fred Forbus				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria membranous croup				How long	3 days
	Immediate	Suffocation				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				Wm J Henry		
	Address				Stevensville Md		
Accident or Suicide?				no			

0-78-10-16

Name

In  
Full

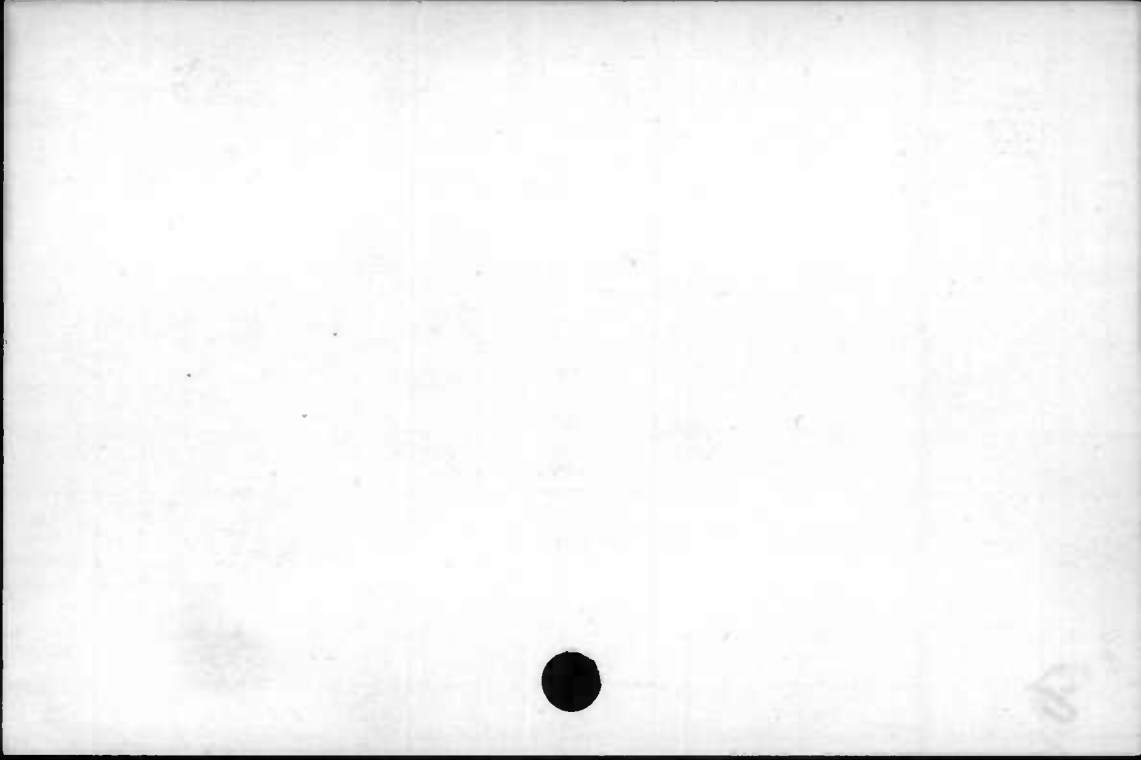
## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Neon Centreville* *La.* Town CountyDate of death *1906 Oct. 15* Month Day Years *4* Months DaysSex *Male* Color or Race *White* Birth-place *I. A. Co.*Occupation *none* Where Residing if not at place of death *Neon Centreville*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *James R. Frimpton* Father's Birthplace *Talbot Co.*Mother's Maiden Name *Emma V. Frimpton* Mother's Birthplace *I. A. Co.*Name of person giving information *James R. Frimpton* How related to deceased *Father*

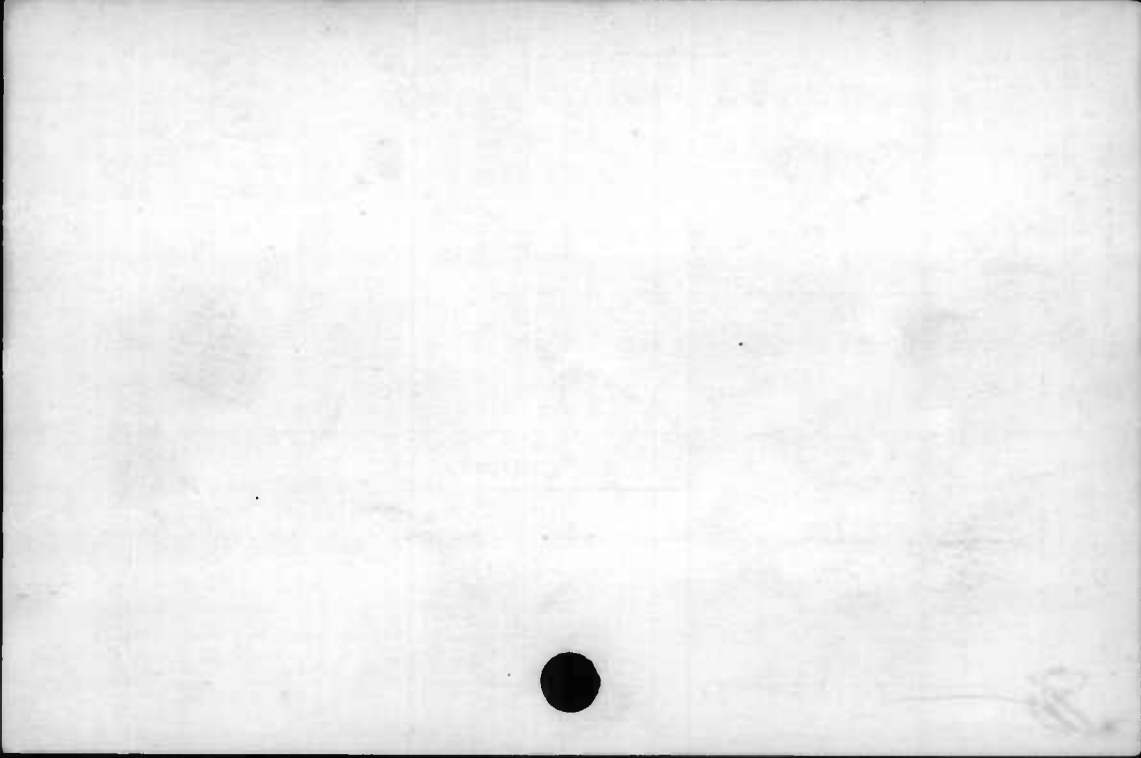
## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Pseudo Membranous Laryngitis* How long *2 days*Immediate *Syncope* *(48)* How long *2 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. M. ...*Address *Laurens*Accident or Suicide? *no* *2. A. Co.*





Name in Full		Medford Gardner -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Chesta -		<sup>County</sup> Queen Anne's		MARYLAND		
	Date of death	1906	Month	Oct	Day	15	Age
			Years		Months		Days
	Sex		Male		Color or Race		Caucasian
	Occupation				Birthplace		Kent Co -
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Edward Harris Gardner		Father's Birthplace		Kent Co -
	Mother's Maiden Name		Lottie Virginia Ewing		Mother's Birthplace		" "
	Name of person giving information		Edw H Gardner		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Marasmus		How long		10 days
Immediate		General Weakness		How long		7 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

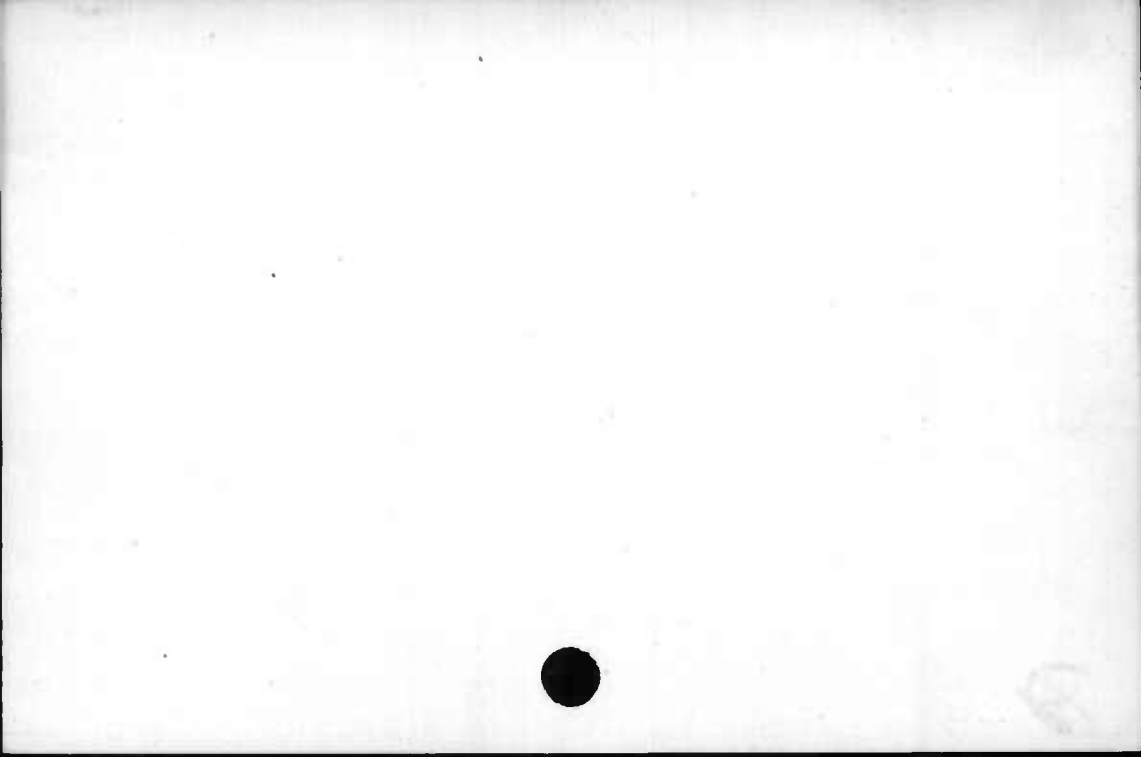
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Hester</i>		Town <i>Stevensville</i>		County <i>La</i>		MAYLAND	
Died at <i>Stevensville</i>		Month <i>10</i>		Day <i>1</i>		Age <i>8</i>	
Date of death <i>1906</i>		Month <i>10</i>		Day <i>1</i>		Years <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Stevensville Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Joseph H. Hester</i>				Father's Birthplace <i>La. Co. Md</i>			
Mother's Maiden Name <i>Josephine Hale</i>				Mother's Birthplace <i>La. Co. Md</i>			
Name of person giving information <i></i>				How related to deceased <i></i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Diphtheria</i>		How long <i>14 days</i>	
Immediate <i>Heart Failure</i>		How long <i>9</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. J. Henry</i>	
		Address <i>Stevensville</i>	
Accident or Suicide? <i></i>		<i>3rd</i>	



Name  
in  
Full

Episkiel

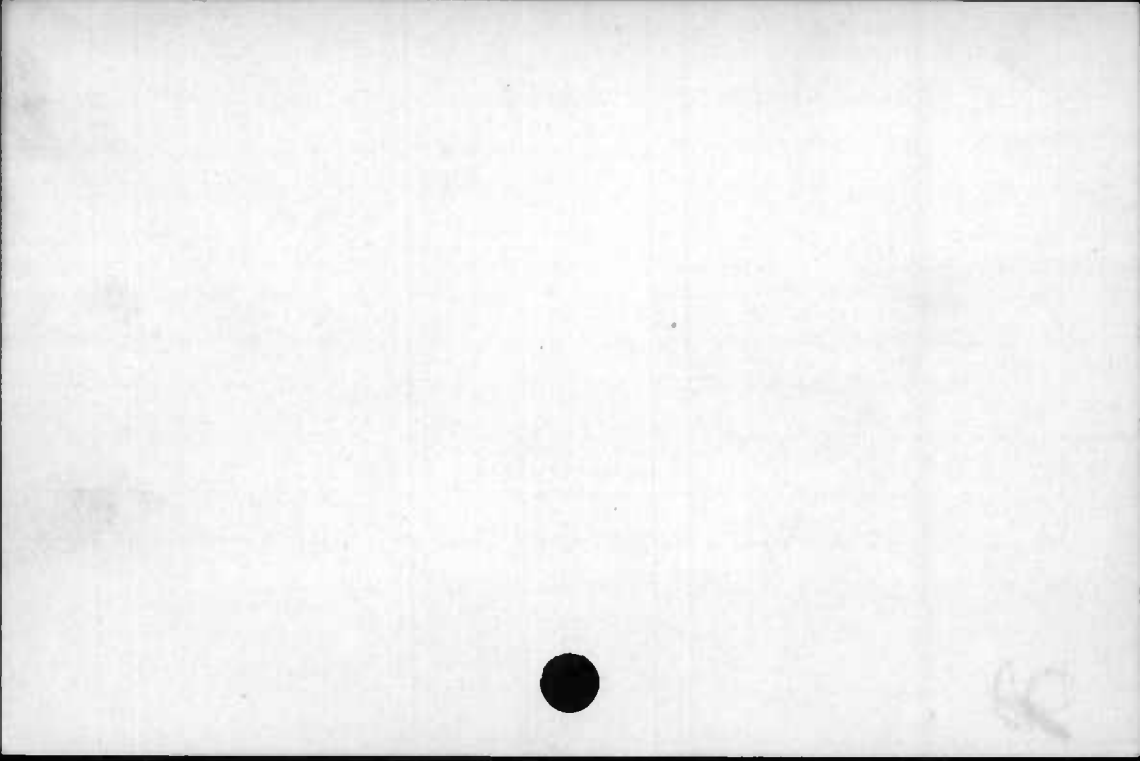
Hunter

## CERTIFICATE OF DEATH

Died at <i>Near Perry's corner</i>		Town <i>Green</i>		County <i>Anne</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>October</i>		Day <i>18</i>		Age <i>41</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD.</i>		Months <i>—</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Perry's corner</i>		Days <i>24</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hunter</i>		Father's Birthplace <i>MD.</i>			
Father's Name <i>Thomas Hunter</i>		Mother's Maiden Name <i>Mary Ann Lanner</i>		Mother's Birthplace <i>MD.</i>			
Name of person giving information <i>Widow</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary	<i>Prostatic enlargement</i>	How long <i>125</i>	<i>several years</i>
Immediate	<i>Septic infection</i>	How long <i>125</i>	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Howard R. Hopkins</i>	<i>2 Greenstown MD.</i>
Address <i>2 Greenstown MD.</i>			
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

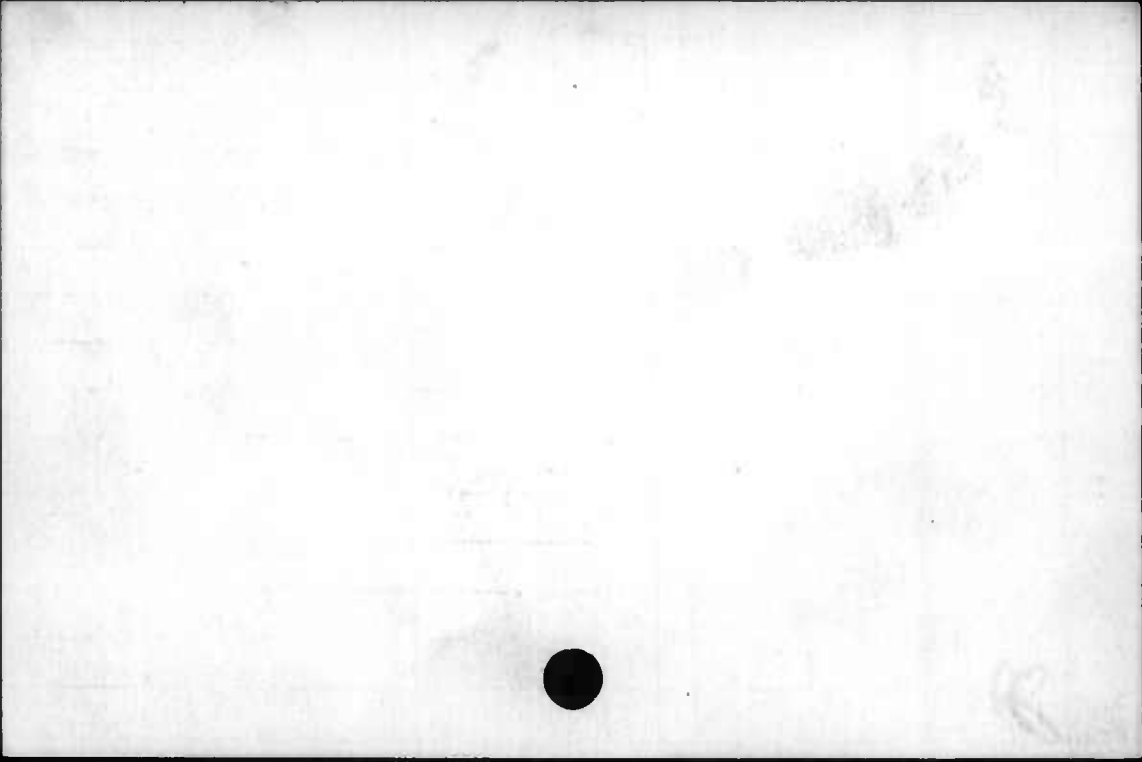
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centerville</i> <sup>Town</sup>		<i>Queen Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>October</i> <sup>Month</sup>	<i>14</i> <sup>Day</sup>	<i>0</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>	<i>one</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Centerville</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
<del>Married</del> , Single or Widowed			Name of Wife or Husband		
Father's Name <i>Noah H. Moore</i>			Father's Birthplace <i>Faurel, Ark.</i>		
Mother's Maiden Name <i>Eliza A. Boise</i>			Mother's Birthplace <i>Concord, Ark.</i>		
Name of person giving information <i>Chas. Chamberlain</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congenital weakness</i>	How long	<i>151</i>	<i>one day</i>
Immediate	<i>"</i>	How long	<i>"</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>		
Signature of Physician		<i>E. F. Smith M.D.</i>		
Address		<i>Centerville</i>		
Accident or Suicide?		<i>No.</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chesler</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Oct	30	88			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>St. Marys Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha C. Davis</i>					
Father's Name <i>Stephen Davis</i>		Father's Birthplace					
Mother's Maiden Name <i>Unkown</i>		Mother's Birthplace					
Name of person giving information <i>Wm. Solomon Foxwell</i>		How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Necrosis</i>	How long	<i>3 mo</i>
Immediate	<i>infection</i>	How long	<i>1 mo.</i>

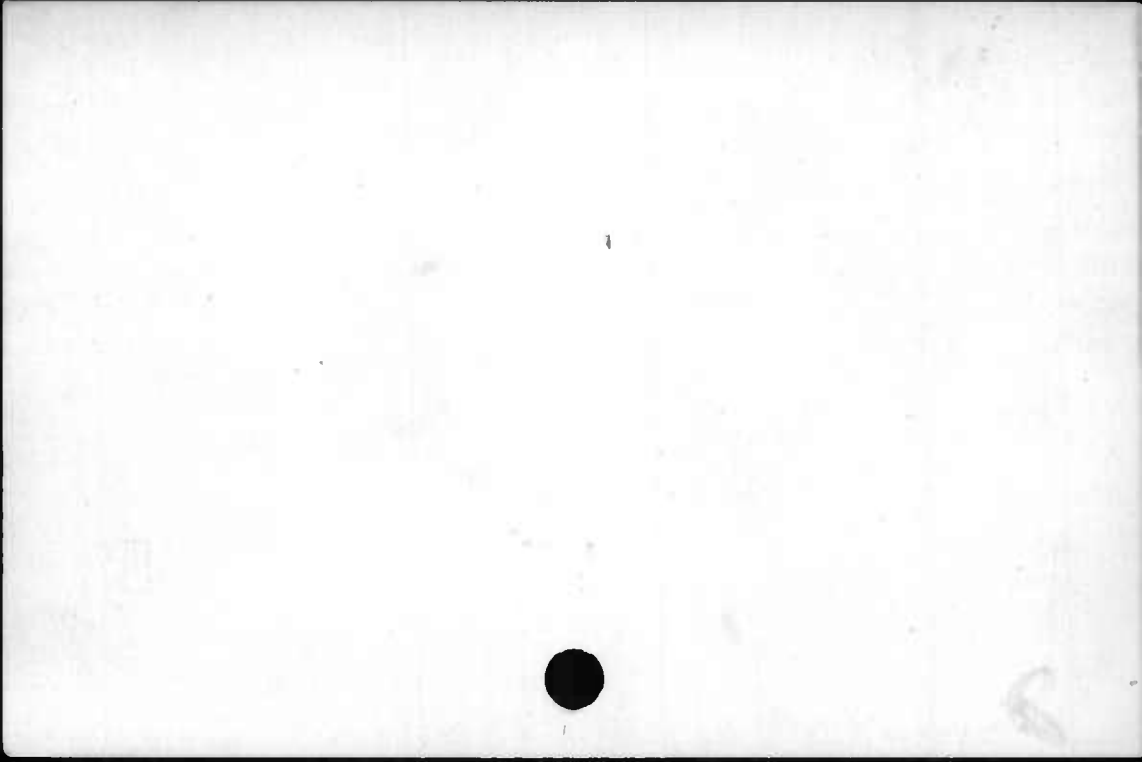
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Percy Kemp*  
*Stevensville*  
*Md.*

*Accident or Suicide?*



Name  
in  
Full

Thomas Ozmon

## CERTIFICATE OF DEATH

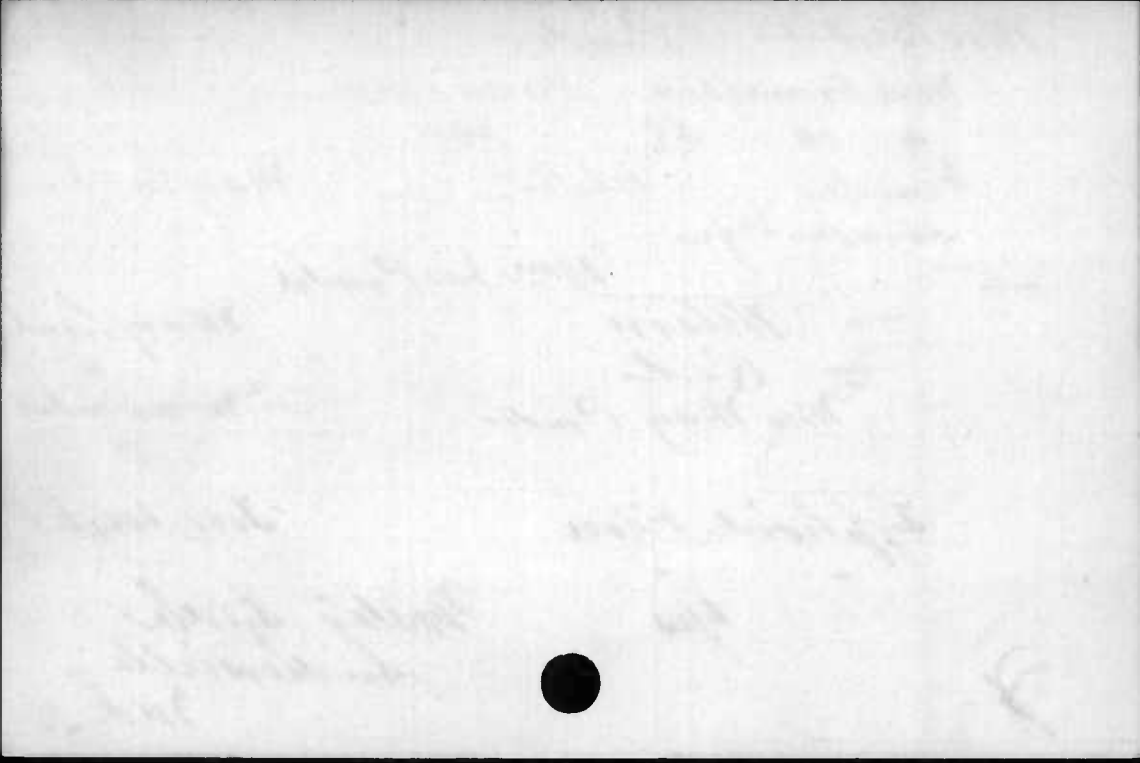
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <sup>Town</sup>		<i>2. d</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>15</i>	Age <i>6</i>	Months <i>1</i>	Days <i>23</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>			
Occupation <i>deceased</i>	Where Residing if not at place of death <i>Place of death</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jos. H. Ozmon</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Minnie Rutherford</i>	Mother's Birthplace				
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Drowning</i>	How long <i>Instantly</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Trau M.D.</i>
	Address <i>Baltimore</i>
Accident or Suicide? <i>Accident</i>	<i>2.9 Res</i>



Name  
in  
Full

Mrs Bessie O. Pinder

## CERTIFICATE OF DEATH

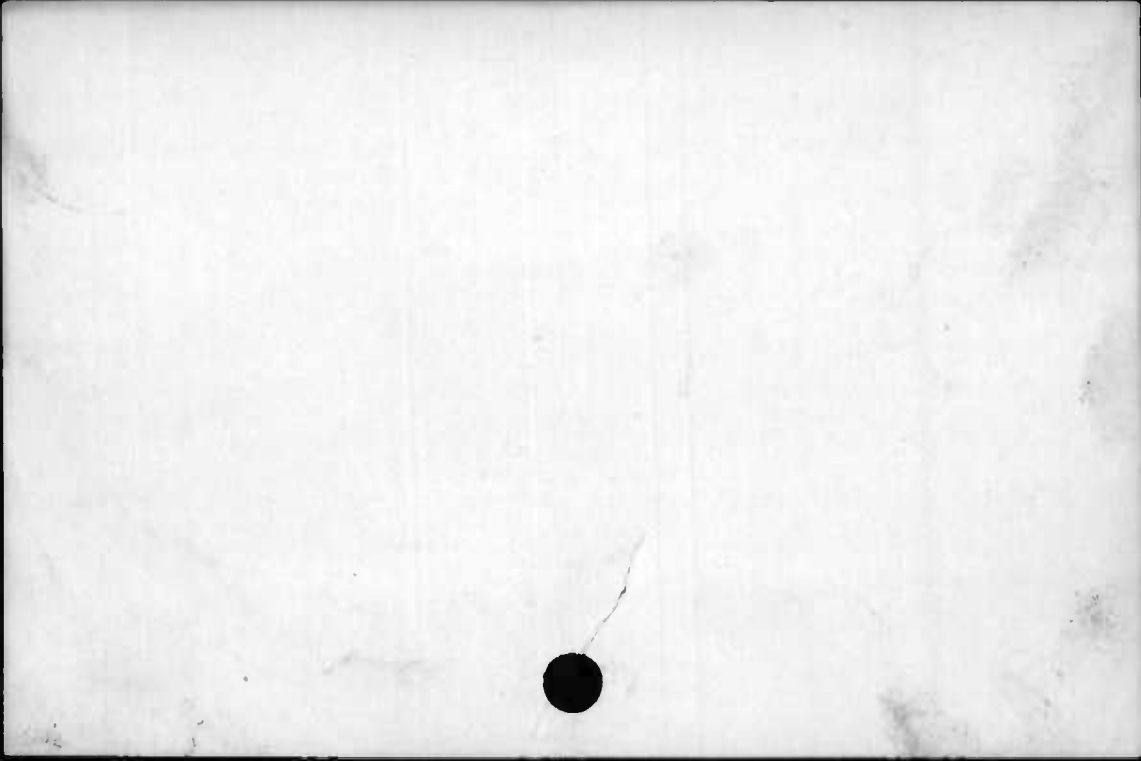
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wash Crumpton</i>		Town <i>Farm Anne</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>28</i>	Age <i>22</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>"</i>				
Married, <del>Single</del> <del>Widowed</del>		Name of Wife or Husband <i>Wm Jas Pinder</i>					
Father's Name <i>— Wilson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>— Reed</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Mary Pinder</i>		How related to deceased <i>Mother in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Two weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Goster Sudler</i>
	Address <i>Sudlersville Md</i>
Accident or Suicide? <i>J</i>	



Name  
in-  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Susie B Rhyanus* County *Linn*

Died at *Wye Mills* Town *Wye Mills*

Date of death *1906* Month *Oct.* Day *28* Age *17* Years Months *6* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Linn Co*

Occupation *House work* Where Residing if not at place of death *Wye Mills*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Joshua Rhyanus* Father's Birthplace *Delaware*

Mother's Maiden Name *Elizabeth Griffin* Mother's Birthplace *Linn Co*

Name of person giving Information *Joshua Rhyanus* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Miliary Tuberculosis. (Pulmonary)* How long *3 months*

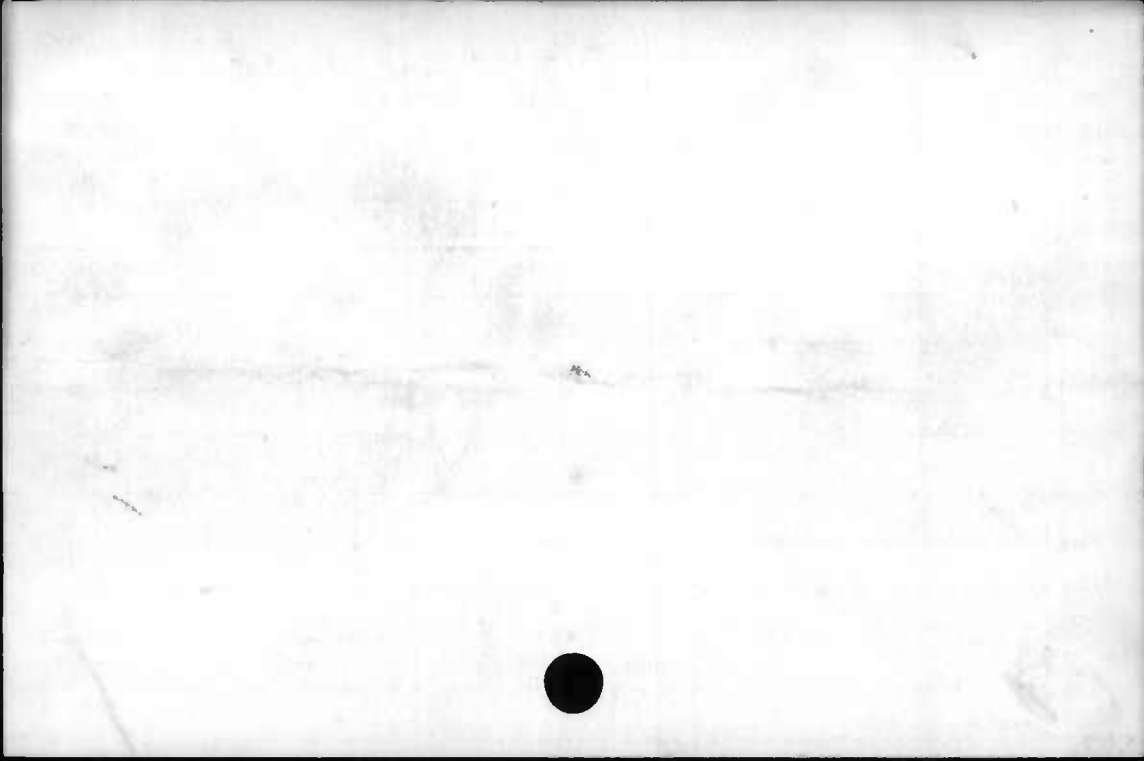
Immediate *Heart Failure* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Slack M.D.*

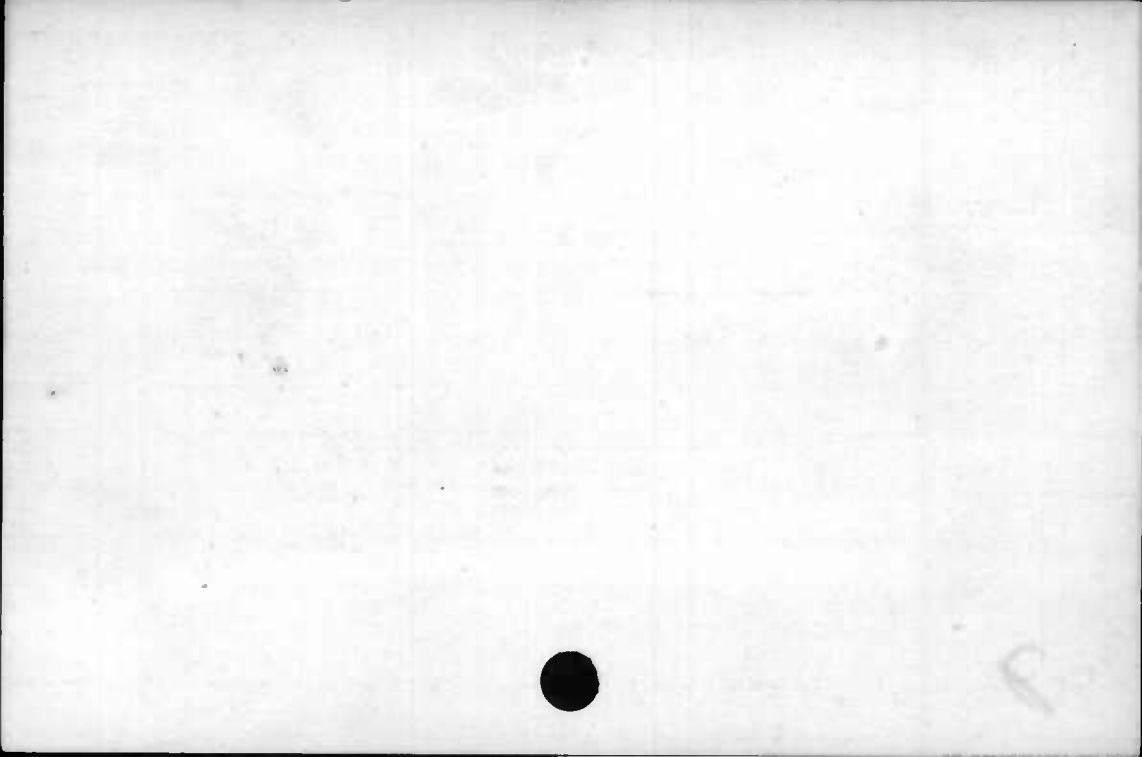
Address *Wye Mills Md.*

Accident or Suicide? *—*





Name in Full		Samuel Saunders.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Chestertown		Queen Anne		MARYLAND
	Date of death	1906	Month	Oct	Day	12	Age
					Years	90	Months
						2	Days
	Sex	Male		Color or Race	Black		Birth place
							Kent Co.
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband		Sophia Saunders.
Father's Name		Thos. Saunders.		Father's Birthplace		West Thru.	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Samuel C. Saunders		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Debility		How long			
	Immediate	Cardiac		How long		2 months	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Thos. E. Snyder		
			Address		Stearns St. Md.		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

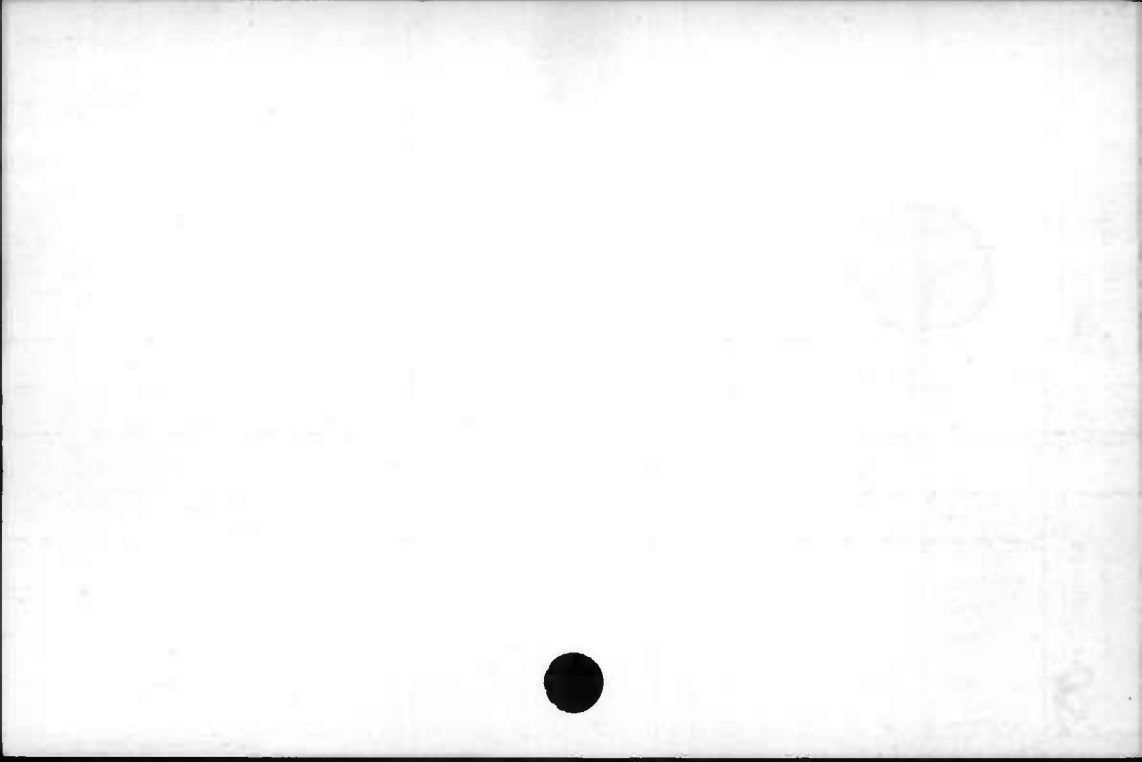
MARYLAND

Died at <i>Row</i> Town		<i>Sevier</i> County			
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>51</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Julia Ann Co</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel C Sevier</i>				
Father's Name <i>Wm Hallam</i>	Father's Birthplace <i>Julia Ann Co</i>				
Mother's Maiden Name <i>Mary Ford</i>	Mother's Birthplace <i>Julia Ann Co</i>				
Name of person giving information <i>Mrs Robinson</i>	(2)		How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Pneumonia, tubercular</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. S. Dudley</i>
	Address <i>Chock Hill</i>
	<i>Mary Ford</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

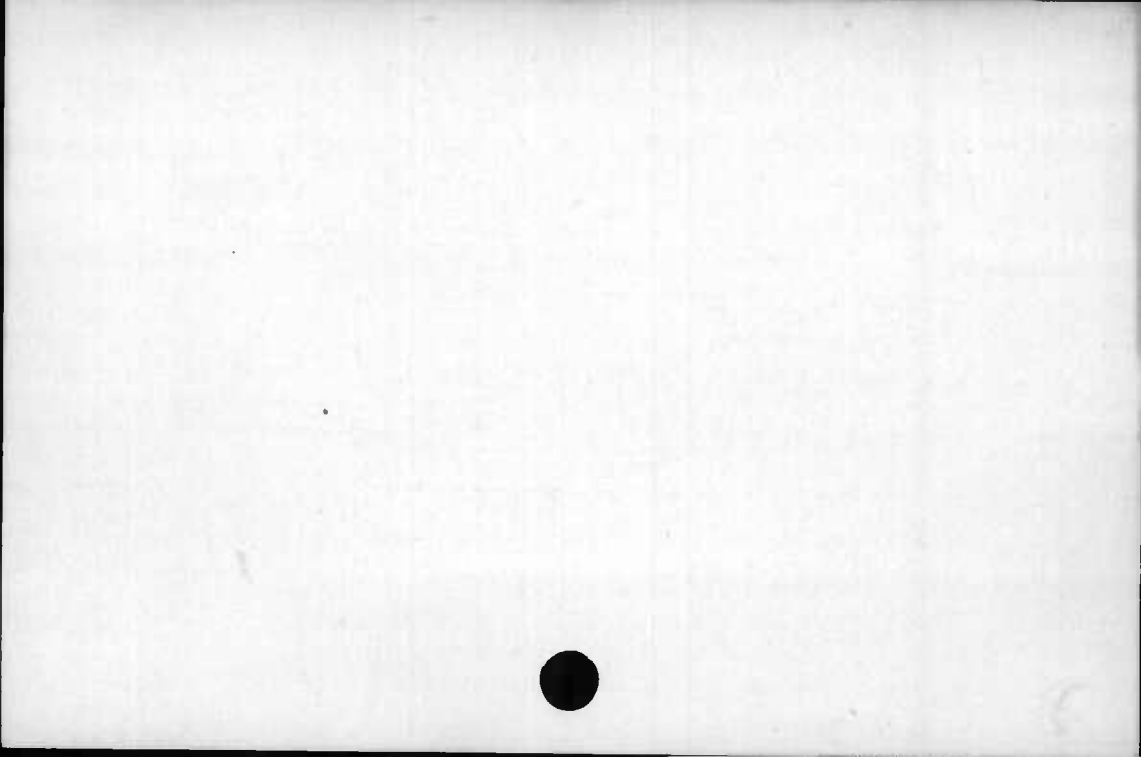
MARYLAND

Died at <u>Rox</u> Town		<u>Queen Anne's Co</u> County			
Date of death	<u>1906</u> <u>Oct</u> <u>18</u> <sup>th</sup>	Age	<u>19</u> <u>—</u> Years	<u>5</u> <u>—</u> Months	<u>—</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Queen Anne's Co</u>
Occupation	<u>Student</u>	Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Samuel C. Sealey</u>	Father's Birthplace		<u>Queen Anne's Co</u>	
Mother's Maiden Name	<u>Annie Hafford</u>	Mother's Birthplace		<u>Queen Anne's Co</u>	
Name of person giving Information	<u>Samuel C. Sealey</u>	How related to deceased		<u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Pulmonary Tuberculosis</u>	How long	<u>5 mos</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Dr. N. S. Dudley</u>	
		Address	
		<u>Church Hill</u>	
		<u>Morrisville</u>	
Accident or Suicide?			
<u>No</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

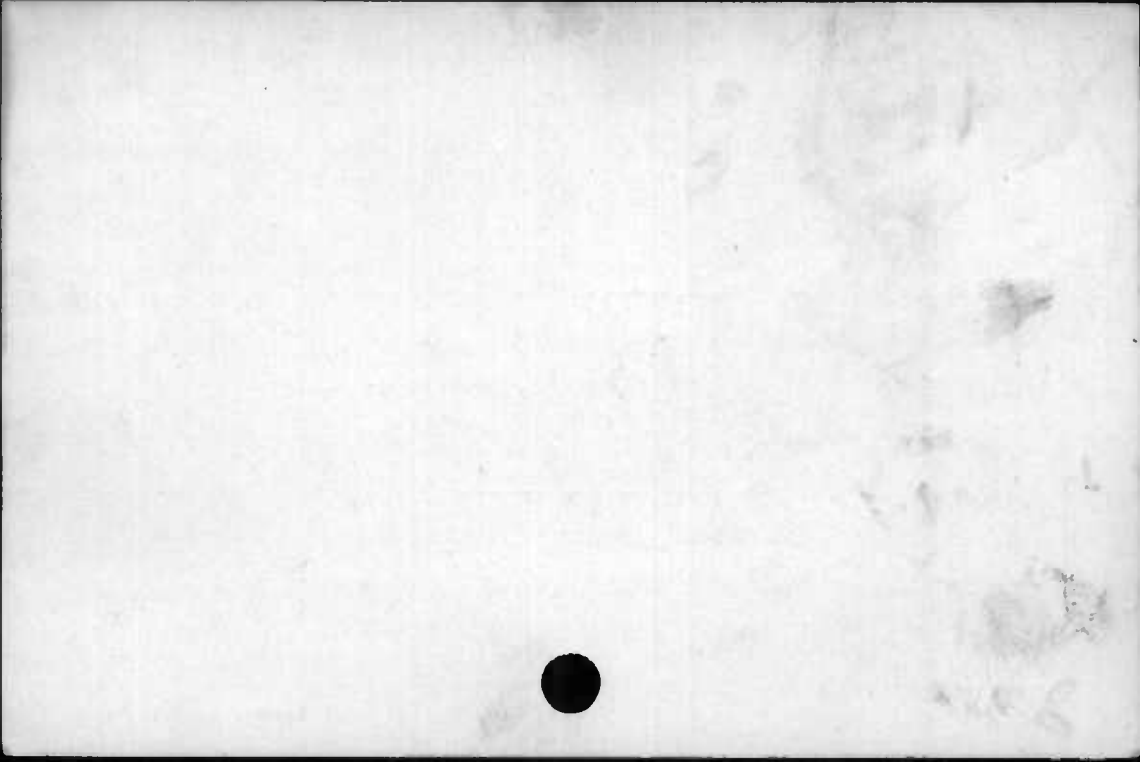
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Hards Store</i> <sup>Town</sup>		<i>Seymore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Oct</i>	Day <i>4</i>	Age <i>Three</i> Years	Months <i>Three</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Hards Store</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death		<i>_____</i>		
Married, Single or Widowed <i>_____</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Bastard</i>	Father's Birthplace <i>_____</i>				
Mother's Maiden Name <i>Annie Seymour</i>	Mother's Birthplace <i>2. Annes loc</i>				
Name of person giving information <i>J. Medford Loney</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

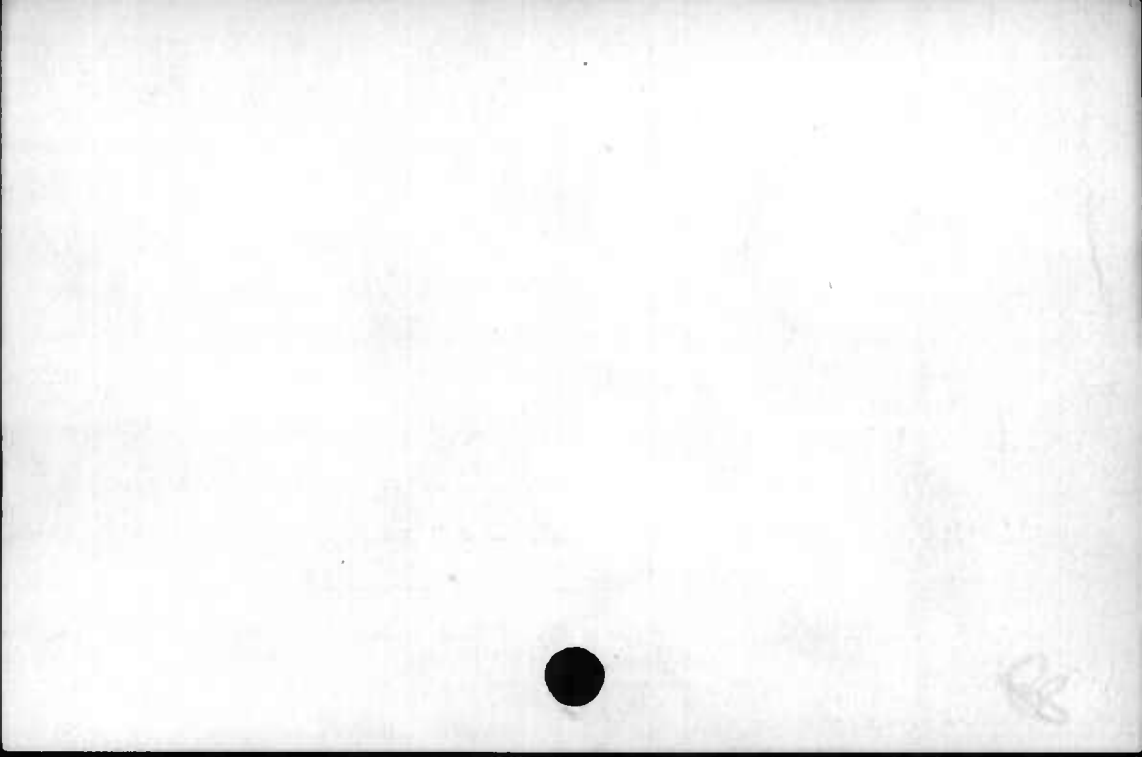
PHYSICIAN  
OR CORONER

Primary <i>Bottle fed food unassimilated</i>	How long <i>Three weeks</i>
Immediate <i>Inanition</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Howard B. Hoptkins</i>
	Address <i>2. newstun</i>
	<i>MD.</i>
Accident or Suicide?	





Name In Full		Charles S. Spencer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Stevensville,		<sup>County</sup> Queen Anne's		MARYLAND	
		Date of death 1906 Oct 18		Age 72		Months 2 Days	
		Sex Male		Color or Race White		Birthplace Spencer Hall Talbot Co. Md	
		Occupation Minister		Where Residing if not at place of death			
		Married, <del>Single</del> Widowed		Name of Wife Clara Jenkins			
PHYSICIAN OR CORONER		Father's Name Matthew Spencer		Father's Birthplace Spencer Hall Talbot Co. Md			
		Mother's Maiden Name Elizabeth A. Skinner		Mother's Birthplace Talbot Co. Md			
		Name of person giving information Anne C. Edsall		How related to deceased Niece			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Organic Heart Disease		How long 3 yrs			
		Immediate Paralysis		How long Immediate			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Clara Kemp			
		Accident or Suicide?		Address Stevensville, Md			



Name  
in Full

## CERTIFICATE OF DEATH

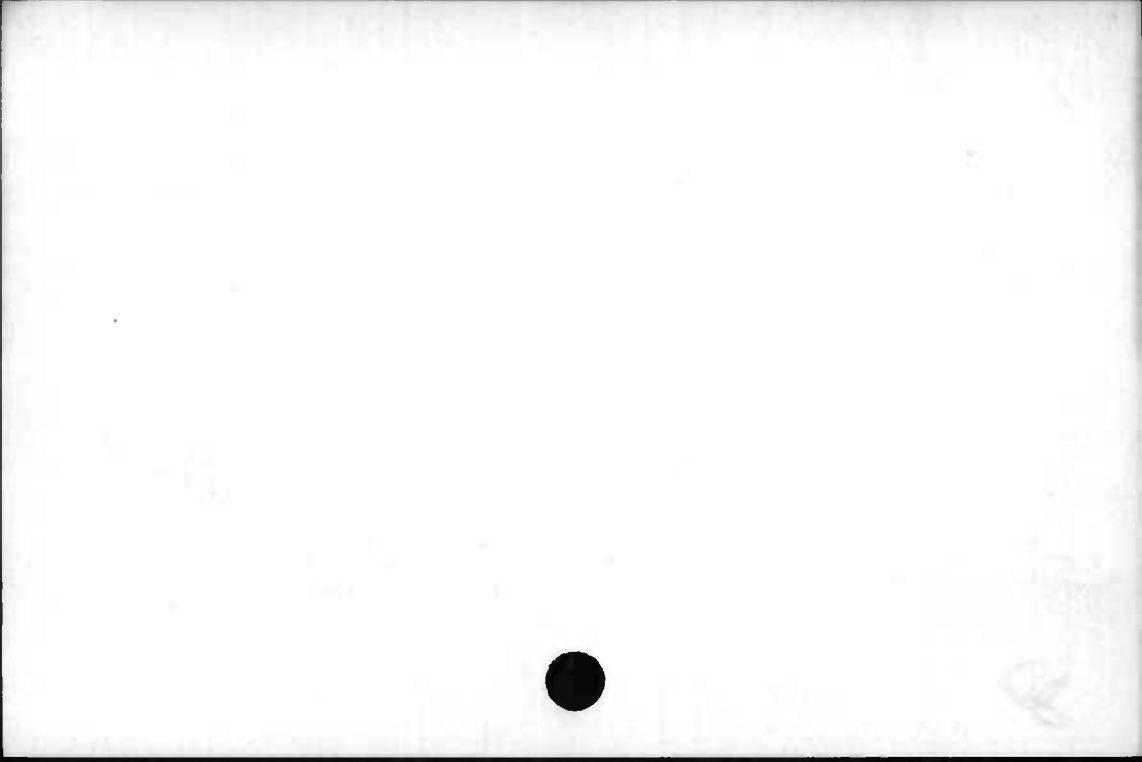
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Willard A Summers* 10/17/VI  
 Died at *near Kent Island* <sup>town</sup> *I a* County  
 Maryland  
 Date of death *1906* Month *10* Day *6* Age *34* Years Months Days  
 Sex *male* Color or Race *white* Birth-place *Baltimore*  
 Occupation *Oysterman* Where Residing if not at place of death *Winchester Md*  
 Married, Single or Widowed *married* Name of Wife or Husband *Laura A Burroughs*  
 Father's Name *John S Summers* Father's Birthplace *Talbot Co Md*  
 Mother's Maiden Name *Amie M Field* Mother's Birthplace *Baltimore*  
 Name of person giving information *Amie M Magee* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *(172)* How long  
 Immediate *Drowning* How long *Immediate*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm J Henry*  
 Address *Stevensville Md*  
 Accident or Suicide? *accidental yes*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Walter Walker*

Died at *Burrissville R. Amney* Town County

State *MARYLAND*

Date of death 190*6* Month *Oct* Day *13* Age *5* Years Months *5* Days *2*

Sex *male* Color or Race *BLK* Birth-place *N. J.*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *John Walker* Father's Birthplace *MD*

Mother's Maiden Name *Annie Baynard* Mother's Birthplace *MD*

Name of person giving information *Father* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Melancholia* How long *months*

Immediate *—* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. Fortney*

Address *Centerville*

Accident or Suicide? *—*



Name  
in  
Full

Gilbert Dennis Walls

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crumpton</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	10	Day	16
Age		Years	24	Months	"
Sex		Male	Color or Race	White	Birth-place
Occupation		at home		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Joshua Walls		Father's Birthplace	
Mother's Maiden Name		Ella A. Godwin		Mother's Birthplace	
Name of person giving information		J. N. Sheppard		How related to deceased	
				not related	

## CAUSES OF DEATH

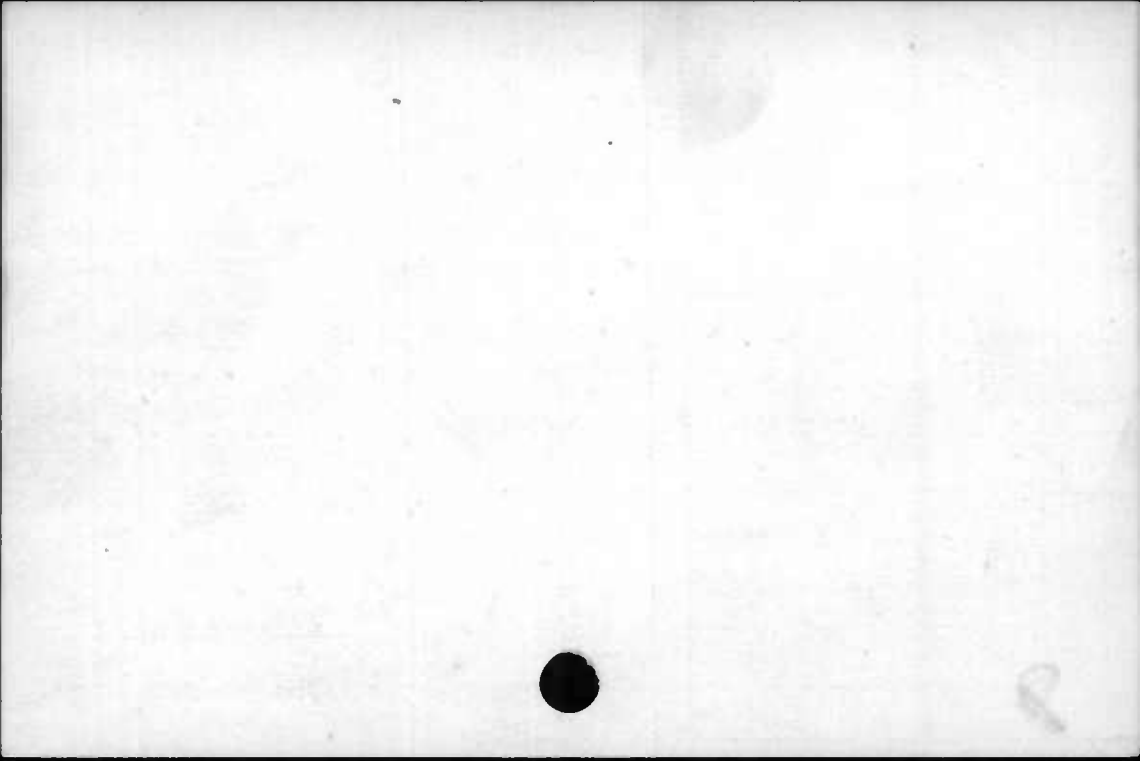
PHYSICIAN  
OR CORONER

Primary	Scarlet Fever	How long	1 week
Immediate	Scarlet Fever	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. N. Sheppard	
Address		Crumpton	
		Md	
Accident or Suicide?			





Name in Full		Rosa B. Walls				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Near Centerville 2. A.		MARYLAND		
		Date of death		1906	Month	Oct.	Day	9
				Years		Months		
				Age		14		
		Sex		Female		Color or Race		white
		Occupation		none		Birthplace		
				Where Residing if not at place of death		Near Centerville		
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Bonnon E. Walls		Father's Birthplace		
		Mother's Maiden Name		Golpa B. Simpson		Mother's Birthplace		
		Name of person giving information		Bonnon E. Walls		How related to deceased		
						Father		
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Psm. brsch		How long		
				malnutrition		from birth		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
						Address		
						Centerville		
		Accident or Suicide?						



Name  
in  
Full

CERTIFICATE OF DEATH

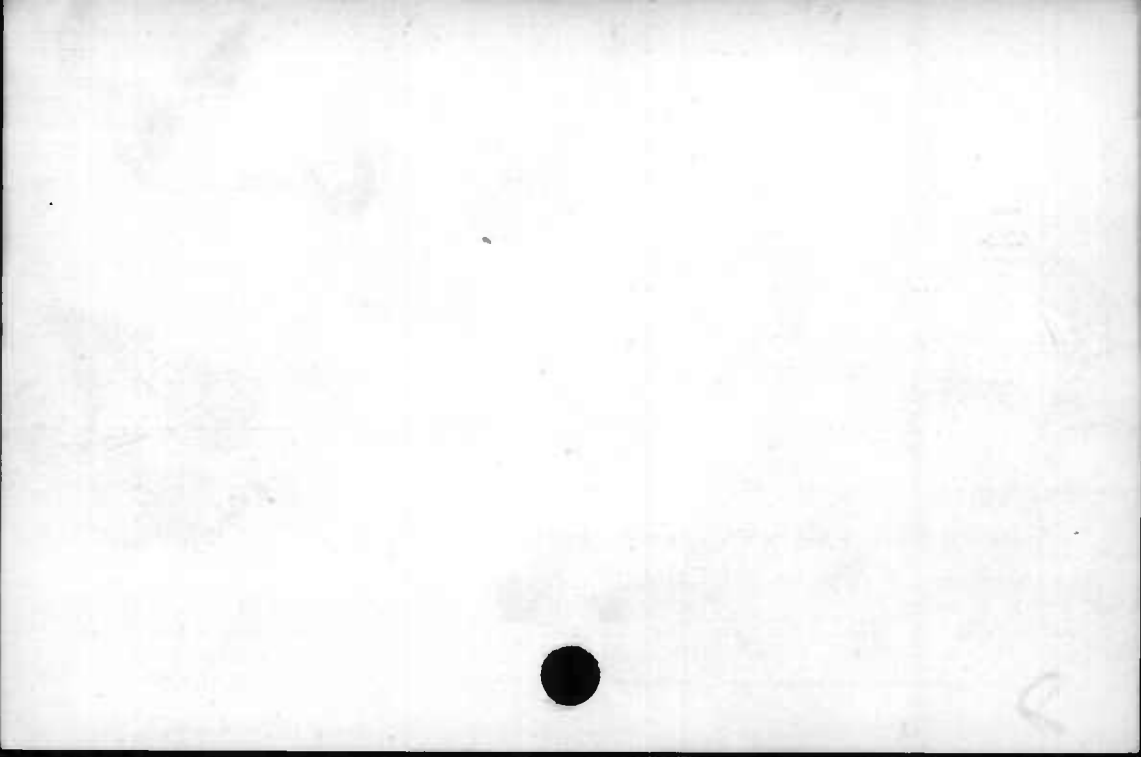
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sarah E. Williams</i>		Town <i>Centerville</i>		County <i>D. A. Co.</i>		MARYLAND	
Died at							
Date of death	1906	Month <i>Oct</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth place <i>Centerville</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>E. Williams</i>		Father's Birthplace <i>Winchester</i>					
Mother's Maiden Name <i>Harriet Little</i>		Mother's Birthplace <i>Winchester</i>					
Name of person giving In formation <i>Harriet Grinnick</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart burst</i>	How long <i>7 days</i>
Immediate	<i>—</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Grinnick</i>
		Address <i>Centerville</i>
Accident or Suicide? <i>—</i>		<i>R. H. Dawson</i>



Name  
in  
Full

Eliza Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gouldtown</u> <small>Town</small>		<u>Queen Anne Co</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>10</u> <small>Day</small> <u>30</u>		Age <u>79</u> <small>Years</small>		<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Negro</u>	Birth-place <u>Md.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Elin Truxson</u>				
Father's Name <u>Eliza Wilson</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving Information <u>W. J. Wilson</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>20 or 3 yrs</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Mark Brandt</u>
	Address <u>Chester</u> <u>Queen Anne Co,</u>
Accident or Suicide? <u>no</u>	

